


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES


Printed: 10/29/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505514</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING A1 - <b>RICHLAND REHABILITATION CENTER</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/29/2013</b>
NAME OF PROVIDER OR SUPPLIER <b>RICHLAND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1745 PIKE AVENUE RICHLAND, WA 99352</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p><b>INITIAL COMMENTS</b></p> <p>This report is a result of an unannounced Federal Life Safety re-certification survey conducted at Richland Rehabilitation Center, 1745 Pike Avenue, Richland, WA, on October 29, 2013 by staff from the Washington State Patrol, Fire Protection Bureau, Union Gap Detachment.</p> <p>The 2000 existing edition of the Life Safety Code was utilized for the survey in accordance to 42 CFR 483.70: Requirements for Long Term Care.</p> <p>The Long Term Care 71 bed facility, census of 65 was provided by the Business Office Manager and verified by the Maintenance Director. The facility consisted of construction type V- 1 hour, one story building. The facility is fully sprinkled with an automatic fire alarm system in place. Exit discharge points are to grade have been provided with an all weather surface and lead to a public way.</p> <p>The facility is not in substantial compliance with the Life Safety Code 2000 Edition as adopted by C.M.S.</p> <p>The Surveyor was:</p> <p> Deputy State Fire Marshal Nursing Home Surveyor 28058</p> <p>The Surveyor was from: Washington State Patrol Fire Protection Bureau 2715 Rudkin Road Union Gap, WA 98903-1795 Telephone: (509) 575-2190 FAX: (509) 576-3002</p>	K 000		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 000	Continued From page 1   [redacted] DSFM 28058	K 000		
K 062 SS=E	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This Standard is not met as evidenced by: Based on interview and record review the facility has failed to complete the required quarterly testing of the automatic sprinkler system. This could provide for the system to be rendered inoperable and thus place residents, visitors, and staff at risk of fire and smoke spread without the benefit of an extinguishing system.</p> <p>The findings include, but are not limited to:</p> <p>Record review on October 29, 2013 at 9:30am of the facility's sprinkler test reports for the 12 month period prior to the day of survey revealed that the facility was unable to provide documented quarterly test reports of the automatic sprinkler system's water flow alarm, supervisory, and pressure switch devices. Interview with the Maintenance Director revealed that the facility had learned from the survey of the attached assisted living facility that these quarterly inspections were required and have lined up quarterly inspections starting on the fourth quarter (Oct, Nov, Dec). The annual servicing of the sprinkler system was conducted on 09/17/2013.</p>	K 062		

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K 062	Continued From page 2  This finding was discussed with the Maintenance Director.  NFPA 25, 2-3.3 Water flow alarm devices including, but not limited to, mechanical water motor gongs, vane-type water -flow devices, and pressure switches shall be tested quarterly.	K 062			
K 076 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.  (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.  (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 18.3.2.4  This Standard is not met as evidenced by: The facility has failed to properly secure oxygen cylinders in an approved manner to prevent them from falling over. Failure to secure compressed gas cylinders could allow for cylinders to fall and cause missile type destruction. This would place residents, visitors, and staff at risk of a dangerous situation and enhanced fire risk.  The findings include, but are not limited to:  Interview with State surveyors revealed that they observed the following practices in the facility:  Survey team on site 10/20 - 21/2013 with the following observations: census 69, 16 on oxygen.	K 076			

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K 076	<p>Continued From page 3</p> <p>1. Resident in wheelchair with E cylinder-cylinder in pillow case tied onto the chair. Supposedly a new supply of bags had been ordered twice recently; however, still not enough for this resident who admitted on [REDACTED] 2013. NAC came up with idea for pillow case so resident could be out of her room. A new stock of tank bags was to arrive today.</p> <p>2. Tank in 02 bag improperly secured to wheelchair - bag/tank were dragging on the floor. Staff acknowledged the bag was not secured properly - it was changed.</p> <p>3. Two full E-cylinder tanks were unsecured in 02 storage room. As soon as staff witnessed with surveyor the tanks were placed in the storage rack.</p> <p>Based on the surveyors findings, I interviewed the staff and asked about these activities. They acknowledged that the findings of the survey team were accurate and measures have been taken to correct.</p> <p>These findings were observed and discussed with the Maintenance Director and the Administrator.</p>	K 076			